ATTACHMENT 3 BID/BIDDER CERTIFICATION SHEET

Only an individual who is authorized to bind the bidding firm contractually shall sign the <u>Bid/Bidder Certification Sheet</u>. The signature must indicate the title or position that the individual holds in the firm. This Bid/Bidder Certification Sheet must be signed and returned along with all "required attachments" as an entire package with <u>original signatures</u>. The bid must be transmitted in a sealed envelope in accordance with IFB instructions.

- A. Our all-inclusive bid is submitted in a sealed envelope marked "Bid Submittal Do Not Open".
- B. All required attachments are included with this certification sheet.
- C. The signature affixed hereon and dated certifies compliance with all the requirements of this bid document. The signature below authorizes the verification of this certification.
- D. The signature and date affixed hereon certifies that this bid is a firm offer for a 90-day period.

An Unsigned Bid/Bidder Certification Sheet May Be Cause for Bid Rejection

1. Company Name ARAMARK UNIFORM & CAREER APPAREL, LLC	2. Telephone		2a. Fax Number	
	(818)973-3	700	(818) 973-3793	
2b. Email Address SANDLIN-BOB@ARAMARK.COM		**************************************		
3. Address 115 NORTH FIRST STREET, BURBANK, CA 91502				
Indicate your organization type: 4. ☐ Sole Proprietorship 5. [☐ Partnership		6. X Corporation LLC	
Indicate the applicable employee and/or corporation number:			THE COLPORATION ELEC	
7. Federal Employee ID No. (FEIN) 23-2816365	8.	California Corpora	ation No. 200711710192	
Indicate the Department of Industrial Relations information: 9. Contractor Registration Number N/A				
Indicate applicable license and/or certification information:				
10. Contractor's State Licensing	11.	. PUC License Nu	nber	
Board Number	CA	AL-T-		
N/A	N	7/A		
12. Bidder' Name (Print)	13.	Title		
DEAN SCALIA	DI	RECTOR OF BUSIN	ESS PLANNING	
14. Signature	15.	Date		
JAM JEW V	01/3	10/17		
 Are you certified with the Department of General Services Enterprise Services (OSDS) as: 	, Office of Sma	ll Business and Dis	sabled Veteran Business	
a. Small Business Enterprise Yes No III If yes, enter certification number:	 b. Disabled Vet If yes, enter you 	teran Business Ente er service code belo	erprise Yes 🗌 No 🗓 w:	
NOTE: A copy of your Certification is required to be included	if either of the a	bove items is check	ked "Yes".	
Date application was submitted to OSDS, if an application is pe			•	

STATE OF CALIFORNIA \cdot DEPARTMENT OF TRANSPORTATION

BID PROPOSAL

ADM-1412 (REV. 11/2015)

ATTACHMENT 1

CONTRACTOR'S NAME (Please Print):	e Print):		CONTRACT NUMBER	ER	
SECTION A	Note to Bidder: 1	Note to Bidder: Use the information provided below for bid calculations.	w for bid calculations.		
Contractor MUST pay their employees at least the minimum blended rates (as described herein) for Wages and Benefits. If Contractor is	yees at least the minimum blended ges and Benefits. If Contractor is	A	В	С	D Employee Total Rates
going to use employee(s) with a job title other than what is listed, please refer to the CalHR website to obtain the blended rates. The Department has alread to go the Bland Branch Br	b title other than what is listed, to obtain the blended rates.	Employee Job Title	Blended Hourly *Salary Rates	Blended **Benefits Rates	Hourly Rates (B) + Blended Benefit Rates (C)
actual benefits are already being provided, Contractor is required to provide proof of each type of benefit, with the dollar value, at time of award. Wages and Benefits must meet the GC 19134 requirements aposted on the CalHR web-site: http://www.calhr.ca.gov/state-hr-professionals/Pages/current-rates-on-or-after-20030701.aspx.	actual benefits are already being provided, Contractor is required to provide proof of each type of benefit, with the dollar value, at time of award. Wages and Benefits must meet the GC 19134 requirements as posted on the CalHR web-site: http://www.calhr.ca.gov/state-hr-professionals/Pages/current-rates-on-or-after-20030701.aspx.	Laundry Worker	\$11.78	\$9.53	\$21.31

SECTION B	Note to Bidder: Use the calculations from Section A, as appropriate,	A, as appropriate, to co	to complete Section B.		
G ITEM UNIT OF MEASURE	I DESCRIPTION OF SERVICES	J UNIT PRICE	K ESTIMATED	유유	M SUB-TOTAL
I WEEKLY (One (1) time per week)	Safety Vest Cleaning	0 h 0 s	30	104	S 1.148
2 WEEKLY (One (1) time per week)	Coverall Cleaning	0.40	15	104	00°ht9 s
3 BI-MONTHLY (Two (2) times per week)	Dust Mop Cleaning	\$ 1.00	~	104	s 832.00
4 BI-MONTHLY (Two (2) times per week)	3x4 Safety Mat Rental and Cleaning Service	\$ 1.25°	74	104	s 9,620
5 BI-MONTHLY (Two (2) times per week)	3x10 Safety Mat Rental and Cleaning Service	\$ 3,20	22	104	s 7 321,10
6 BI-MONTHLY (Two (2) times per week)	4x6 Mat Rental and Cleaning Services	\$ 2.50	14	104	° २, ७५०
The Contractor shall perform a	The Contractor shall perform all work under this Agreement for the sum of		9	(Grand To	(Grand Total) 23, 285, 60

- 2. The above quantities are estimates only and are given as a basis for comparison of bids. No guarantee is made or implied as to the exact quantity that will be needed. IN CASE OF DISCREPANCY BETWEEN THE UNIT PRICE AND THE TOTAL SET FORTH FOR A UNIT BASIS ITEM, THE UNIT PRICE SHALL PREVAIL.
- Per GC 19134, the rates are set at 85% of the State's salary and benefit cost for State employees.

 * "Salary" includes wages, retirement, Social Security, and Medicare

 ** "Benefits" includes health, dental, vision, holidays, sick leave, and vacation.